#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

# **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: PRO HEALTH CARE REGENCY SENIOR COM NEW BERLIN (0010354)

Address: 13750 W NATIONAL AVE, NEW BERLIN, WI 53151

**License Status: REGULAR** 

Licensed/Certified/Registered 10/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey	History

Survey ID: 0095703 End Date: 10/05/2005 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093058 End Date: 07/01/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009015 Served 08/11/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	10/04/2005	Yes
89.23	SERVICES	10/04/2005	Yes
89.23(4)(d)1	SERVICES	10/04/2005	Yes
89.23(5)	SERVICES	10/04/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

**Provider Inspection Summary** 

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Enforcement History**

Date: 08/09/2004 SOD #10009015 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---89.23 FORFEITURE---89.23(4)(1) FORFEITURE---89.23(5)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

# **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History			
Date Complaint Received: 08/02/2005	Date Investigation Completed: 10/05/2005		
Subject Area(s) ADMISSION, TRANSFER & DISCHARGE	Result NOT SUBSTANTIATED	<u>SOD #</u>	
Date Complaint Received: 10/15/2003	Date Investigation Completed: 07/01/2004		
Subject Area(s) QUALITY OF LIFE	Result NOT SUBSTANTIATED	<u>SOD #</u>	
Date Complaint Received: 09/04/2003	Date Investigation Completed: 07/01/2004		
Subject Area(s) PROGRAM SERVICES	Result SUBSTANTIATED	<u>SOD #</u> 10009015	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.